

**Continuum of Care Reform
FFA Subgroup
January 29, 2013**

Participants:

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Karen Richardson
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Phone/Webinar:

Karen Uhlman
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Linda Hall
Eric Harper

Welcome and Introductions:

- Reviewed meeting agenda and provided clarification that today's agenda is geared towards completing the remaining foundational work. Clarified that other CCR workgroups are still meeting as well as the major initiatives (RBS, Katie A.); and that additional workgroups (Accreditation, Assessment) are forthcoming.
- Agreed that though the first priority is to meet the legislative timeline for completing recommendations for a reformed FFA (and GH) model, as the work progresses, the group will identify FFHs and NREFM cross-overs where they occur (specifying any differences or additions) in an effort to be inclusive of youth in every placement and inform any future work in this area.

Key Discussion Items

- Guiding Principles
 - Reviewed and discussed Guiding Principle document. Reached agreement on the individual principles with the following emphasis:
 - Affirmed that principles remain culturally sensitive and consistent with the regulations and non-discrimination laws of CA.
 - Affirmed the overarching theme from previous work that Providers make available cultural services and supports directly, or through access to resources that provide the identified cultural services and supports.
 - Underscored the principle that care and services to children and youth be equal and standard regardless of foster parent type.
 - Clarified that the Standardized Assessment be evidenced based, focused on needs and services, and utilized both at pre-placement and throughout the life of the case.

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- Affirmed the necessity of engaging youth in decision making processes, i.e. placement and services.
- Identified additional principles:
 - Recognizing that children need families before all else, efforts to improve services should be family centered (focused on the entire family) and applied to all families including biological family of origin, adoptive family, guardianship family, relative caregiver, and foster family.
 - Efforts should be made to reduce service system fragmentation by employing common values, language, core practice models, and planning processes with the other public systems which our client families are highly involved, particularly the Mental Health system.

➤ Core Services & Supports:

- Reviewed and discussed the draft list of Supports & Services distinguishing who is the primary responsible entity (i.e. Provider, Caregiver, and/or County).
- Recommendations/Questions/Areas that need further clarification -
 - Safety
 - Add a category for Specialized Services for at risk populations (i.e. Gang Intervention, sex trafficking, etc.)
 - Move adoption and foster parent home-study items, to the Assessment Workgroup (see Attachment for detailed description).
 - Permanency
 - All foster/resource/kin parents should have capacity to support reunification efforts
 - After Care & Post Permanency Supports and Services – incomplete need more discussion to hash out
 - Mental Health –incomplete need more discussion to hash out
 - Reunification Planning vs. supports and executing
 - Therapy - should these be broken out into categories: Screening, Assessment, transportation, medications with different responsibilities for each
 - Training – State is responsible for statewide uniformity standards but what is role of Providers for any additional training.
 - Wrap Around – providers being used for Bridge not necessarily a Wrap Around provider; part of the continuum that FFAs provide (kids don't have to fail to receive the needed services in this model)
 - Well-being
 - Prudent parent expectations and accountability - what to do/recourse for youth when FP is not willing to allow/provide
 - Inequity across state and FP regarding well-being activities - how do you set this up so that expectation is met including allowances to youth
 - Educational rights holder and who actually fills out paperwork assists youth in this area.

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➤ Current Funding Model & Formulas rate setting and processes

- Presentation on Community Care Licensing Process by Jean Chen
 - Based on Title 22 – minimal requirements; (licensing regulations)
 - Review program statements looking for minimum requirements, screening for anything that would violate rights; staffing, ratios, certification of homes, conduct a home study (not content)
 - No requirements for # of child/social worker visits, or unannounced visits (does not include quality factors; and doesn't measure performance/outcomes)
 - Send findings to Rates to determine rate; can have license without a rate (2 step process)
- Presentation on Rate Structure by Debra Williams
 - Rate is established state-wide
 - Child Increment – not a specialized rate; average of statewide specialized rate was in the 80s. Those two rates, basic and child, are the minimum amount passed on to certified foster home (Rate is divided approximately in half for foster parent and agency)
 - SW component established across age groups based on social work costs across counties
 - Treatment rate; then and now (medical model)
 - Non-treatment only receive only basic rate (sib groups; recognizing that some in sib group may need treatment while other sibs in group do not)
 - Non-treatment homes/kids associated with treatment homes to balance out costs (see chart)
 - Issue of duplication; role clarification, FFA social worker, county social worker
 - Rates are now issued every year in ACL
 - Audits and claims (before realignment); FFA submit audited cost reports, develop sharing ratios (pull out sw costs) admin costs are claimable; need to be conscious of labels and how they may be later applied
 - Ratio 15:1 children to social worker, 8:1 worker to supervisor
 - This is first review of rates in 32 years

➤ Next Steps

- February 15th Program Workgroup Meeting on National Accreditation. Attendance will include members from PMO and Fiscal workgroups, and CDSS staff from CCLD and Legal. Meeting notice to follow.
- Next FFA Subgroup meeting is February 26th. Regular meeting date will be either 3rd or 4th Tuesday of the month; group members request consistent time if possible. Schedule to be announced next meeting.